

Health Care Quality and Cost Council Committee Report

Committee Name: End of Life Sub-Committee
Committee Chair: Jim Conway
Date: Written Report: January 21, 2009

1. Status of items referred to the Committee by the Council
 - a. No new items referred to Committee
2. Committee recommendations in preparation for presentation to the Council
 - a. Four recommendations are in preparation to the QCC in February or March 2009
 - i. All hospitals in Massachusetts have formal a palliative care program in-house or through contract.
 - ii. Council commence Public End of Life Campaign in April 2009
 - iii. Council support a Call to Action Meeting in End of Life Care in April 2009
 - iv. The council provides it vote of support for the recommendation for the Expert Panel required under Chapter 305
3. Committee accomplishments / acknowledgements
 - a. The End of Life Committee and the Chronic Care Committee had a highly productive meeting on January 7, 2009
 - b. The MOLST initiative continues to go well.
 - i. There is a comprehensive demonstration project underway in Worcester focused on putting in place all the structures, processes and educational vehicles (with organizations and people) necessary to achieve the desired outcome for patients, family, staff, health system.
 - c. The DPH, the Betsy Lehman Center, and the End of Life Committee have had productive meetings on the charge and membership of the Expert Panel
4. Progress on meeting FY08 Council recommendations
 - a. The Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS) should implement a statewide public health educational campaign by September, 2008
 - i. Status:
 1. There are many established Campaigns already in place from the Hospice and Palliative Care Federation, and others.
 2. A work group of the End of Life Committee will make a recommendation on the one most suited for the Commonwealth ideally by the Feb QCC meeting
 3. The Partnership for Healthcare Excellence and the Rotary expressed interest in supporting a Campaign
 4. The End of Life Committee believes an effective campaign can be commenced by April, 2009 in demonstration in Worcester. It would link with and support the MOLST intervention.
 - b. Hospitals, nursing homes, physicians and other providers should implement, by 2010, a process for communicating patients' wishes for care at the end of life, similar to the Physician Order for Life Sustaining Treatment (POLST) processes currently in use in Oregon, Washington, New York, West Virginia, other states.
 - i. Status:
 1. Project funded and well underway in Worcester
 2. Grant funding proposal pending for project in the North Shore.
 - c. Hospitals, extended care facilities, and home health care organizations should, by March, 2009, offer formal hospice and palliative care programs to their terminally ill patients, and should ensure that these programs meet the needs of patients with different cultural expectations at the end of life.

- i. Status:
 - 1. Recent report, America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in our Nation's Hospitals, gave Commonwealth of MA a "C" with ~50% medium / large hospitals have Palliative Care Program
 - 2. AHA / MHA data on the availability of hospice and palliative care programs made available by MHA to EOHHS and EOL
 - 3. A recent review of the 2007 data found in MA that of 79 acute, specialty, and chronic hospitals reporting:
 - a. 26 of 79 hospitals reported no formal hospice program owned or contracted
 - b. 41 of 79 hospitals reported no formal palliative care program owned or contracted.
 - 4. The end of life committee recommends that a specific program be outlined and date set for all relevant hospitals in MA to have hospice and palliative care programs. A workgroup will be established to formalize the recommendation
 - 5. The end of life committee recommends that the presence of a hospice and palliative care program be included on the QCC website as an element of quality healthcare
 - 6. The End of Life committee will seek to identify options to measure presence of formal hospice and palliative care programs for extended care and home care organizations.
 - d. The Board of Registration in Medicine should require hospitals to submit a plan for ensuring that all clinical professionals who care for patients at the end of life are educated in the delivery of culturally sensitive care.
 - i. Status
 - 1. The director of the Patient Care Assessment Division of the Board of Registration in Medicine notified the End of Life Committee that this can be accommodated within the revisions to the Patient Care Assessment Plan Recommendations
 - e. Payers should adopt policies and standards to support and improve the process of care at the end of life.
 - i. Status:
 - 1. Inquiry submitted to Blue Cross Blue Shield of Massachusetts and the Massachusetts Association of Health Plans on the potential of making presence of hospice and palliative care programs a requirement of participation.
 - f. Progress on establishing performance measurement benchmarks, in accordance with FY08 Council recommendations
 - i. Status:
 - 1. Many recommended measures exist from National Quality Forum and others
 - 2. End of Life Committee believes this would be an excellent use of the soon to be seated End of Life Expert Panel.
- 5. Next Steps
 - a. Next EOL Meeting on March 4, 2009
 - b. Workgroups and discussions will be held in the interim on: Expert Panel, requirement that all hospitals have formal hospice and palliative care arrangements, a statewide public end of life campaign, and call-to-action meeting.